

FOR INSTRUCTIONS, SEE BACK OF FORM
This form is not applicable to statutory political committees.

Notice of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

Polk

FORM	(Rev. 02/96)
DR-3 NOTICE OF DISSOLUTION	
For Office Use Only	
Comm. #	<u>17322</u>
Indexed	<u>sb</u>
Audited	
Computer	<u>sb</u>
Certified Date of Dissolution	

COMMITTEE NAME

Official Name of Committee

BALDUCCHI FOR POLK COUNTY SUPERVISOR
Street

406 Plumwood Ct. SW
City, State, Zip Code

Altoona IA 50009
Area Code Telephone

(515) 957-0210

Effective date of dissolution:

January 12, 192003

Paul A. Balducchi (Candidate)
Signature of Treasurer

Jan 12, 2003
Date Signed

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

Paul A. Balducchi
Signature of Candidate - Required for Candidate's Committee

Jan 12, 2003
Date signed

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.